Supplementary Information for Legislative Review

1989 - 1990 Estimates

Manitoba
Health Services
Commission

MANITOBA HEALTH SERVICES COMMISSION

SUPPLEMENTARY INFORMATION

FOR

LEGISLATIVE REVIEW

1989-1990 ESTIMATES

PREFACE

This document has been produced by the Manitoba Health Services Commission as a supplement to its printed main estimates. It is intended to provide background information on the Commission which should complement the information already contained in the printed main estimates. It is hoped this additional information will assist members of the Legislature in their review of the Commission's Estimates.

The contents of this supplement are organized into three parts. Part 1 provides an overview of the Manitoba Health Services Commission's 1989/90 budget requirements. Part 2 provides financial analyses including details of staffing requirements and of expenditures. The information in Part 2 is organized on the basis of existing main appropriations so that it will provide an easy cross reference to the printed main estimates. Part 3 provides a five-year expenditure summary covering the years 1985/86 to 1989/90. The years 1985/86 to 1987/88 represent actual audited amounts. For the years 1988/89 and 1989/90, Estimates amounts are shown.

I welcome feedback as to the usefulness of this supplementary information.

THE HONOURABLE DONALD W. ORCHARD
MINISTER OF HEALTH

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GLOSSARY

STAFF CATEGORIES

Managerial

Positions which have been delegated the authority and have the responsibility to plan, administer, and control the resources and activities of a defined organizational unit in the Manitoba Government, and are directly and fully accountable for:

- the utilization of resources in achieving planned objectives including the development of a budget and the initiation and authorization of expenditures; and,

- the organization's results and impacts.

Professional/Technical

Employees who have duties that relate to specific areas of program operations requiring some functional specialization.

Included in this category are the sub-component agreements of:

Education
Health
Physical Sciences
Social Sciences
Trades, Operations and Services
Professional Officer Series
Personnel Officer Series
Administration (with the exception of the Administrative Officer Series)

NOTE: Those employees who are managers and are also classified in one of the above sub-component agreements or exclusion are categorized only once, as managerial.

Administrative Support

Employees who have duties related to the provision of support and assistance to program operations.

Included in this category are the sub-component agreements of:
Clerical
Administrative Officer Series

Staffing Component

Fractions of staff years represent weeks of employment. For example:
65.20 staff years means 65 full staff years and 20 weeks of employment.

TYPE OF EXPENDITURE

Salaries	Represent salaries of Regular, Term, and Contract M.H.S.C. employees, including payments for overtime, callbacks, and standby.
Grants	Represent public money provided to an individual, organization, or another government to assist in attaining their objectives and for which the Provincial Government does not receive a good or service. The following types of payments are considered to be grants by the Manitoba Health Services Commission: (1) health care facilities, i.e. hospitals, personal care homes, community health centres, etc. (2) physicians, optometrists, chiropractors, suppliers of prosthetic and orthotic devices (3) municipalities, ie. ambulance grants, grants in lieu of taxes (4) residents of Manitoba for Pharmacare re-imbursements, services performed by opt-out doctors.
Operating Expenditures	Represent direct payments by the Commission for supplies and services to be used by the Commission in the performance of its responsibilities.
Capital Expenditures	Represents payments for outright equipment purchases, repayment of principal on approved long-term borrowing, depreciation and reserves for major repairs.

TERMINOLOGY

Adjusted Vote	Is a realignment of previous year's vote for any organizational change to provide for more accurate and realistic comparisons from one budget year to the next.

VARIANCE EXPLANATIONS

Significant increases in expenditures from the adjusted vote have been explained in the individual program write-ups.

PART 1

DEPARTMENTAL OVERVIEW

MANITOBA HEALTH SERVICES COMMISSION

MINISTER

Honourable Donald W. Orchard

EXECUTIVE DIRECTOR

Frank J. DeCock

HISTORICAL BACKGROUND

The Manitoba Health Services Commission was formed in 1970 when the responsibility for administering the existing medical and hospital insurance programs in Manitoba was vested in one organization. Prior to this amalgamation the medical and hospital insurance programs were administered by the Manitoba Health Services Insurance Corporation and the Manitoba Hospital Commission respectively. Both programs are administered in accordance with The Health Services Insurance Act.

OVERALL RESPONSIBILITIES

The Manitoba Health Services Commission operates under the auspices of a seven member board which has the legislative responsibility to provide insurance for residents of Manitoba regarding the cost of hospital, medical and other health services and, subject to the approval of the Minister, to "plan, organize and develop throughout the Province a balanced and integrated system of hospitals and related health facilities and services commensurate with the needs of the residents of the Province."

Manitoba's health plan provides medical, hospital, personal care, pharmacare and a number of other health services for all Manitobans. It is the Commission's function to implement this plan in the most effective and efficient way possible, by developing optional health services for all citizens at a reasonable financial cost to the province while recognizing and responding to changes in the health care field.

The Commission is made up of nine divisions as outlined in the organization chart on page 6. These divisions are responsible for the operation of the following programs:

Administration
Pharmacare
Ambulance
Air Ambulance
Northern Patient Transportation
Hospital
Personal Care Home
Medical

A brief description of each program is included in Part 2.

SCHEDULE 1

STATUTORY RESPONSIBILITIES OF THE MINISTER OF HEALTH

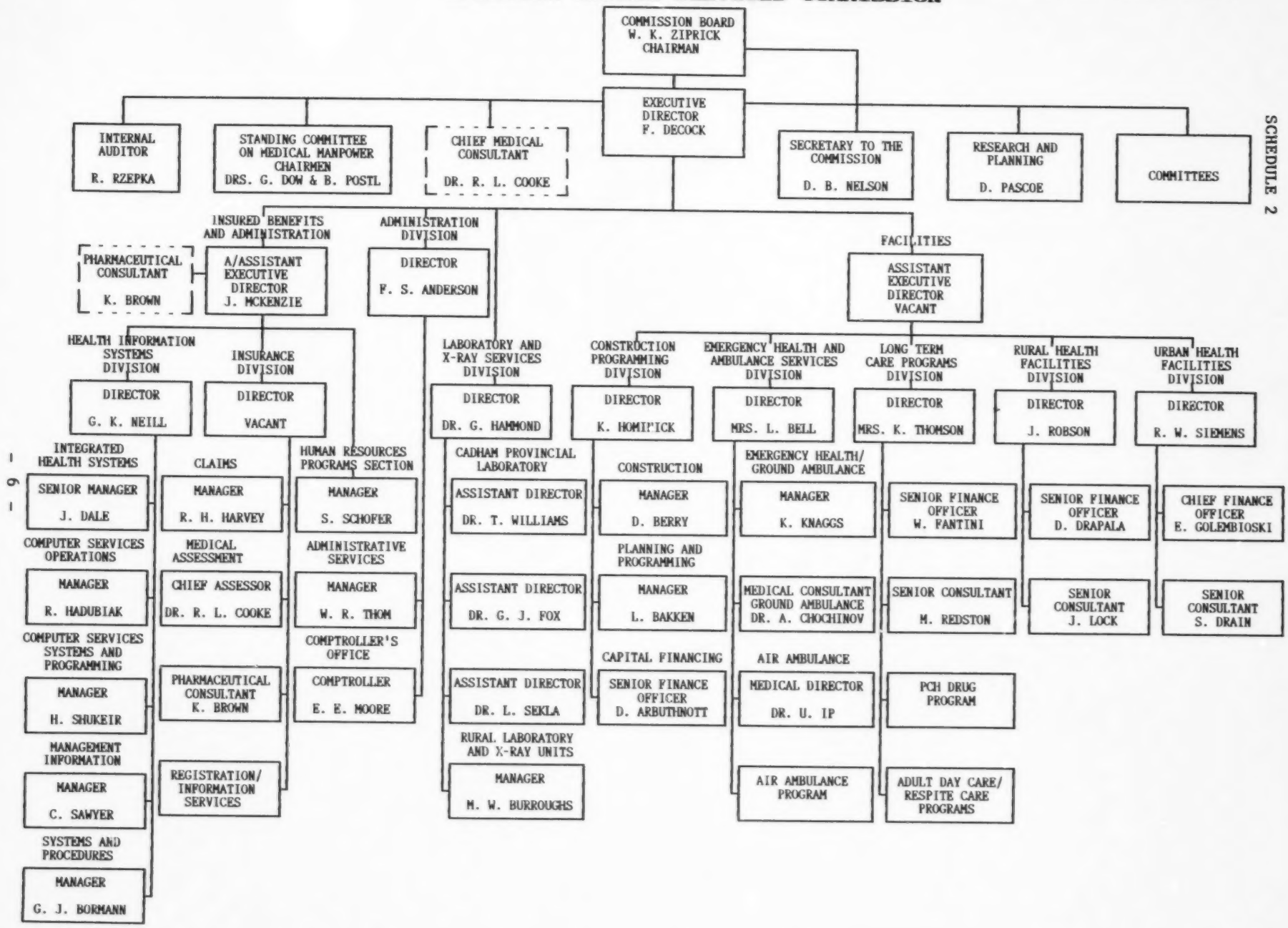
	Continuing Consolidation Chapter
The Alcoholism Foundation Act	A 60
The Ambulance Services Act	A 65
The Anatomy Act	A 80
The Cancer Treatment and Research Foundation Act	C 20
The Chiropractic Act	C 100
The Dental Association Act	D 30
The Dental Health Workers Act	D 31
The Dental Health Services Act	D 33
The Denturists Act	D 35
The Registered Dietitians Act	D 75
The Elderly and Infirm Persons' Housing Act (with respect to personal care homes and infirm persons as defined in the Act)	E 20
The Department of Health Act	H 20
The District Health and Social Services Act	H 26
The Manitoba Health Research Council Act	H 28
The Health Sciences Centre Act	
The Health Services Act	H 30
The Health Services Insurance Act	H 35
The Hearing Aid Act	H 38
The Hospitals Act	H 120
The Human Tissue Act	H 180
The Medical Act	M 90
The Manitoba Medical Association Fees Act	M 95
The Mental Health Act (except Parts II, III & IV)	M 110
The Narcotic Drug Addicts Act	N 10
The Occupational Therapists Act	O 5
The Opthalmic Dispensers Act	O 60
The Optometry Act	O 70
The Licensed Practical Nurses Act	P 100
The Pharmaceutical Act	P 60
The Psychologists Registration Act	P 190
The Physiotherapists Act	P 65
The Prescription Drugs Cost Assistance Act	P 115
The Private Hospitals Act	P 130
The Registered Psychiatric Nurses Act	P 170
Public Health Act*	P 210
The Registered Nurses Act	R 40
The Registered Respiratory Technologists Act	R 115
The Sanatorium Board of Manitoba Act	S 12
The Tuberculosis Control Act	T 170

* Excluding the responsibility for Manitoba Revised Regulation P 210 - R 5, Division IV pursuant to Public Health Act, which is assigned to the Minister of Cooperative, Consumer and Corporate Affairs

SCHEDULE 2

MANITOBA HEALTH SERVICES COMMISSION

ORGANIZATION CHART AS AT MAY, 1989



SCHEDULE 3

MANITOBA HEALTH SERVICES COMMISSION

EXPENDITURE SUMMARY
APPROPRIATION #XXI-6

ADJUSTED VOTE 1988/89		MAIN ESTIMATES 1989/90
$ 19,150,300	Administration	$ 19,990,800
39,854,100	Pharmacare Program	50,383,800
2,356,500	Ambulance Program	5,416,400
2,174,600	Air Ambulance Program	2,719,400
2,855,100	Northern Patient Transportation Program	2,983,500
761,380,300	Hospital Program	815,861,300
182,951,200	Personal Care Home Program	195,505,400
260,420,000	Medical Program	268,240,700
$ 1,271,142,100	Gross Program Costs	$1,361,101,300
3,587,000	Less: Recoveries	5,237,700
$ 1,267,555,100	Net Program Costs	$1,355,863,600

EXPENDITURES RELATED TO CAPITAL
APPROPRIATION #XXI-7

$ 2,369,000	Acquisition/Construction of Physical Assets	$ 2,419,000
39,406,400	Capital Grants	41,831,900
$ 41,775,400		$ 44,250,900
$ 1,309,330,500 *	Total for Manitoba Health Services Commission	$1,400,114,500

*RECONCILIATION STATEMENT

Details	1988/89 Estimates
1988/89 Main Estimates	$1,307,466,100
Transfer of functions from Department of Health	1,972,400
Transfer of functions to Department of Government Services	(108,000)
1988/89 Adjusted Vote	$1,309,330,500

SCHEDULE 4

MANITOBA HEALTH SERVICES COMMISSION
EXPENDITURE SUMMARY
BY SALARIES, OPERATING & GRANTS

	ADJUSTED VOTE 1988/89	MAIN ESTIMATES 1989/90
OPERATING EXPENDITURES		
Salaries		
(Details on Page 10)	$ 23,686,300	$ 24,959,900
Grants		
Administration	175,000	175,000
Pharmacare	39,854,100	50,383,800
Ambulance	2,193,800	5,202,500
Air Ambulance	180,000	186,900
Northern Patient Transportation	1,868,800	1,952,800
Hospital	740,765,200	794,061,900
Personal Care Home	182,951,200	195,505,400
Medical	260,420,000	268,240,700
	$1,228,408,100	$1,315,709,000
Operating		
Administration	6,423,300	6,616,700
Laboratory & X-Ray Services	9,768,300	10,339,600
Ambulance	162,700	213,900
Air Ambulance	1,707,100	2,231,500
Northern Patient Transportation	986,300	1,030,700
	$ 19,047,700	$ 20,432,400
Sub-Total	$1,271,142,100	$1,361,101,300
Less Recoveries	3,587,000	5,237,700
TOTAL OPERATING EXPENDITURES	$1,267,555,100	$1,355,863,600
EXPENDITURES RELATED TO CAPITAL	41,775,400	44,250,900
TOTAL - M.H.S.C.	$1,309,330,500	$1,400,114,500

PERCENTAGE DISTRIBUTION OF OPERATING EXPENDITURES BY PROGRAM 1989/90

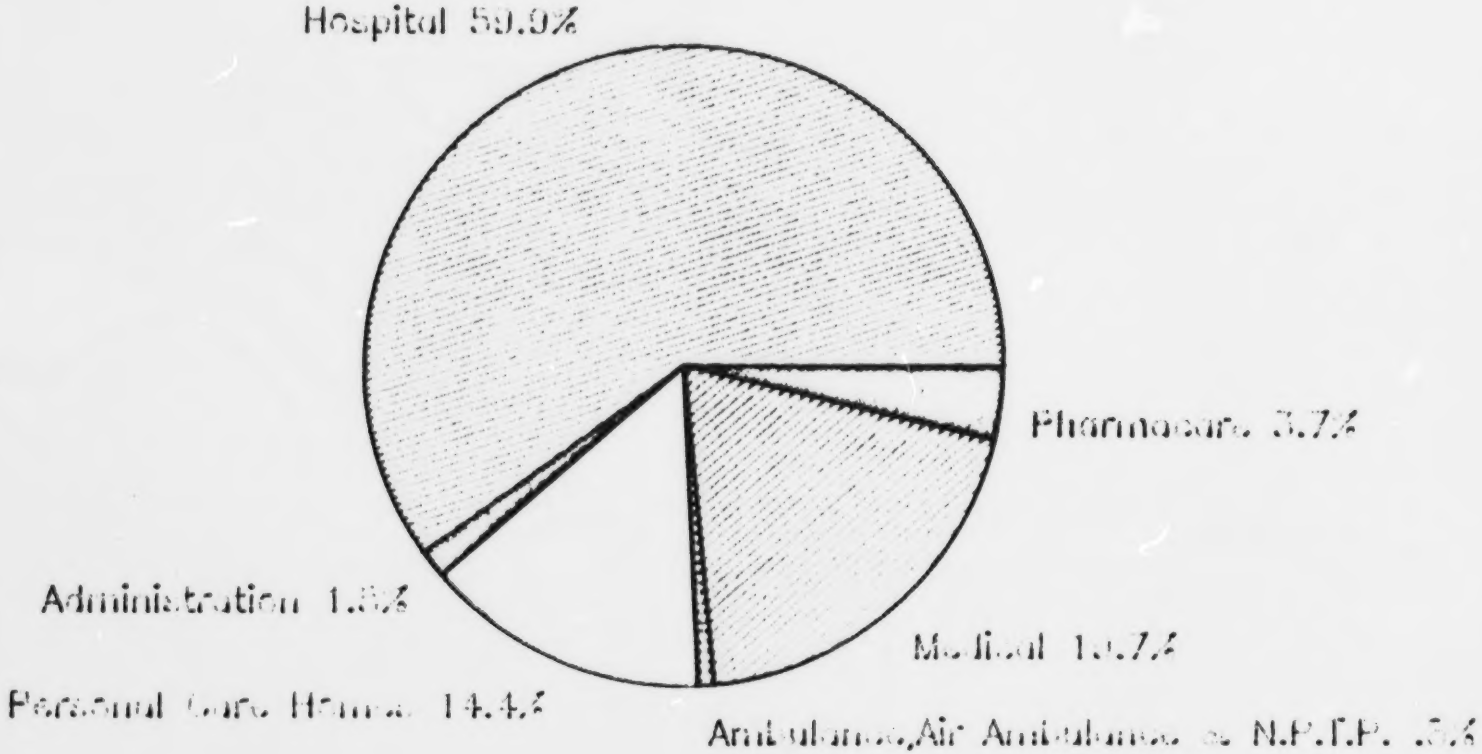


CHART 1

SCHEDULE 5

MANITOBA HEALTH SERVICES COMMISSION
SUMMARY OF STAFF YEARS AND SALARIES
BY PROGRAM

Resolution No.	Approp. No.	Program	Adjusted Vote 1988/89		Main Estimates 1989/90	
			SY	Salaries	SY	Salaries
70	XXI-6	Administration	405.00	12,552,000	405.00	13,199,100
		*Pharmacare				
		*Ambulance				
		Air Ambulance	7.00	287,500	7.00	301,000
		*Northern Patient Transp.				
		Hospital	311.26**	10,846,800	311.26**	11,459,800
		*Personal Care Home				
		*Medical				
Total for Manitoba Health Services Commission			723.26	23,686,300	723.26	24,959,900

*Staff Years and Salaries relating to these programs are included in Administration.

**Includes Staff Years and Salaries re Cadham Provincial Laboratory and Rural Laboratory and X-ray Units; does not include staff of facilities.

NOTE: Fractions of staff years represents weeks of employment. For example: 723.26 staff years means 723 full staff years and 26 weeks of employment.

SCHEDULE 6

MANITOBA HEALTH SERVICES COMMISSION
STAFF YEAR SUMMARY 1989/90
BY STAFF CATEGORY

Program	Managerial		Professional/Technical		Administrative Support		Total	
	SY	$	SY	$	SY	$	SY	$
Administration (Note a)	34.00	1,864,900	97.26	4,126,500	273.26	7,207,700	405.00	13,199,100
Air Ambulance	--	--	6.00	252,800	1.00	48,200	7.00	301,000
Hospital (Note b)	10.00	701,700	259.00	9,683,000	42.26	1,075,100	311.26	11,459,800
Total	44.00	2,566,600	362.26	14,062,300	317.00	8,331,000	723.26	24,959,900

Note (a)

Included in Administration are Staff Years and Salaries relating to Pharmacare, Ambulance, Northern Patient Transportation, Hospital, Personal Care Home, and Medical Programs.

Note (b)

Includes Staff Years and Salaries relating to Cadham Provincial Laboratory and Rural Laboratory and X-ray Units; does not include staff of facilities.

Note (c)

Fractions of staff years represent weeks of employment. For example: 723.26 staff years means 723 full staff years and 26 weeks of employment.

PART 2

DETAILED FINANCIAL INFORMATION

ADJUSTED VOTE 1988/89	APPROP. NO.	HEALTH XXI DETAILS OF APPROPRIATION	YEAR ENDING MAR.31,1990	RESOLUTION NO.
$1,267,555,100	6	Manitoba Health Services Commission.	$1,355,863,600	70

The Manitoba Health Services Commission operates under the auspices of a seven-member board which has the legislative responsibility to provide insurance for residents of Manitoba regarding the cost of hospital, personal care, medical, and other specified health services and, subject to the approval of the Minister of Health, to plan, organize and develop throughout the province a balanced and integrated system of hospitals and related health facilities and services commensurate with the needs of the residents of the province.

The following programs are administered by the Commission.

	PROGRAM		REFERENCE NO.
$ 19,150,300	Administration	$ 19,990,800	1
39,854,100	Pharmacare	50,383,800	2
2,356,500	Ambulance	5,416,400	3
2,174,600	Air Ambulance	2,719,400	4
2,855,100	Northern Patient Transportation	2,983,500	5
761,380,300	Hospital	815,861,300	6
182,951,200	Personal Care Home	195,505,400	7
260,420,000	Medical	268,240,700	8
$1,271,142,100	Gross Program Costs	$1,361,101,300	
3,587,000	Less: Recoveries	5,237,700	(a)
$1,267,555,100		$1,355,863,600	

Note (a) - This amount is a direct recovery to the Manitoba Health Services Commission and does not form part of the Consolidated Fund of the Province.

APPROPRIATION NO. XXI-6
REFERENCE NO. 1
ADMINISTRATION PROGRAM

OBJECTIVES:

Legislation specifically requires the Manitoba Health Services Commission to:

- provide insurance to Manitoba residents for hospital, personal care, medical and other specified health services.
- insure that adequate standards are maintained in hospitals, personal care homes and related health facilities; and
- with the approval of the Minister, plan, organize and develop throughout the province, a balanced and integrated system of hospitals and related health facilities and services commensurate with the needs of the residents of the province.

The objective of the Administration component of the Manitoba Health Services Commission is to carry out the objectives of the Commission in a cost effective and efficient manner that will meet the priorities of government and the demands of the public, particularly, during these difficult financial times.

ACTIVITY IDENTIFICATION:

The administration of the Manitoba Health Services Commission includes the Commission Board, Senior Executives (Executive Director and two Assistant Executive Directors), nine Divisions (Administration, Insurance, Health Information Systems, Lab & X-ray, Urban Health Facilities, Rural Health Facilities, Long Term Care Programs, Emergency Health & Ambulance Services and Construction Programming), Internal Audit, Human Resources Programs and various Consultants and Committees. All divisions operate in an integrated system of administration and all salary and operating costs are included in the Administration Program with the exception of the Lab & X-ray Services Division where the costs are included in the Hospital Program, and the Air Ambulance Program which is a separate program. Third Party and Other Recoveries are also direct activities of the Administration component.

EXPECTED RESULTS:

The degree to which the Commission has succeeded in achieving its objectives regarding standards or a balanced and integrated system of hospitals and related health services and facilities is detailed in the specific program descriptions that follow.

	ADJUSTED VOTE 1988/89		MAIN ESTIMATES 1989/90	
	SY	$	SY	$
Salaries				
Managerial	33.00	1,704,300	34.00	1,864,900
Professional/Technical	99.26	4,102,800	97.26	4,126,500
Administrative Support	272.26	6,744,900	273.26	7,207,700
	405.00	12,552,000	405.00	13,199,100
Operating				
Employee Benefits		936,700		1,033,500
Health and Education Levy		276,100		297,000
Postage, Printing and Stationery		970,800		970,800
Rental of Computer Equipment		2,786,300		2,862,000
Professional Fees		460,800		460,800
Telephone and Telegraph		212,000		212,000
Utilities and Maintenance of Premises and Equipment		276,300		276,300
Other Operating Expenditures		504,300		504,300
		6,423,300		6,616,700
Grant in lieu of Realty Taxes		175,000		175,000
	405.00	19,150,300	405.00	19,990,800

APPROPRIATION NO. XXI-6
REFERENCE NO. 2
PHARMACARE PROGRAM

OBJECTIVE:

The objective of this program is to protect Manitobans from financial hardship resulting from expenses for prescription drugs.

ACTIVITY IDENTIFICATION:

To receive and assess Pharmacare claims; to calculate the amount of reimbursement and to issue reimbursement cheques to claimants.

For the 1989 Benefit Year, this program covers 80% of the cost of eligible prescription drugs in excess of a deductible of $88.50 for those age 65 and over and their families. For persons under 65, the deductible amount is $156.15.

EXPECTED RESULTS:

It is expected that for the fiscal period 1989/90, the program will cost approximately $50.4 million. It will be used by approximately 137,300 registrants.

The average M.H.S.C. payment per registrant for the 1989 Benefit Year is projected to be $359.80.

	ADJUSTED VOTE 1988/89		MAIN ESTIMATES 1989/90	
	SY	$	SY	$
*Grants		39,854,100		50,383,800

* Staff Years and Salaries re Pharmacare are included in Administration.

APPROPRIATION NO. XXI-6
REFERENCE NO. 3
AMBULANCE PROGRAM

OBJECTIVES:

To provide municipalities and ambulance services with financial assistance in the operational and capital expenses. Funds are also provided for the necessary training of ambulance attendants.

ACTIVITY IDENTIFICATION:

Municipal requests (Board resolutions) for grants are submitted to M.H.S.C. together with the proposed financial plan for the current year and the audited financial statements from the previous year for review and evaluation by M.H.S.C. staff. The grants provided to the municipalities are based on population and municipal equalized assessment. The additional grants provided in 1989/90 are paid directly to the ambulance services and are based on a revised and more equitable funding formula which takes into account such matters as distance from tertiary care facilities, volume of calls and seasonal population fluctuations. Formal funding requests are not required in order to receive the services grants. M.H.S.C. staff are also involved in the training of instructors and the administration of examinations.

The training levels of ambulance attendants include:
- Basic First Aid - (St. John Ambulance/Red Cross)
- First Responder - 90-hour training program
- Emergency Medical Attendant (E.M.A.) - 170-hour training program

Training for all three levels noted above is provided by a network of local volunteer instructors that have been trained by M.H.S.C. staff.

The Winnipeg Ambulance Service provides its own training program which meets the required provincial standards.

EXPECTED RESULTS

To provide transportation by ambulance of the sick and injured who are in need of medical attention or hospitalization.

	ADJUSTED VOTE 1988/89		MAIN ESTIMATES 1989/90	
	SY	$	SY	$
*Grants		2,193,800		5,202,500
Operating Expenditures-				
* Training Program		162,700		213,900
		2,356,500		5,416,400

* Staff Years and Salaries are included in Administration.

APPROPRIATION NO. XXI-6
REFERENCE NO. 4
AIR AMBULANCE PROGRAM

OBJECTIVE:

To provide a rapid long distance transport for the acutely sick and injured within the Province of Manitoba on a 24-hour basis and the transport of Manitoba residents out of the province for medically required emergency services that are not available in Manitoba.

ACTIVITY IDENTIFICATION:

This program provides funds for:

1. The leasing of a dedicated air ambulance (Cessna Citation SII Jet),which was designed and equipped to be specifically used as an air ambulance. The lease was originally for five years and has an option to purchase at the end of each year.

2. M.H.S.C. staff - 6.0 Flight Nurses, 1.0 Supervisor and 1.0 Medical Director (Contract)

3. Physicians available to provide aero medical transport consultation and to escort critically ill patients when required.

4. Operational Costs - 13.0 pilots and engineers (Dept. of Highways & Transportation - costs are billed to M.H.S.C.). Fuel, consumables/repairs, staff training costs, uniforms, equipment, communications and other supplies.

All of these costs are incorporated into the major activity which is to provide long distance transport for the acutely sick and injured.

EXPECTED RESULTS:

The program provided emergency transport for 624 acutely sick and injured patients during 1988/89. It is estimated that some 650 patients will be transported during 1989/90.

Effectiveness of the program is measured in terms of availability to respond to requests for assistance, safety throughout mission, enhanced patient care demonstrated, improved communication with all parties and general appreciation from users. A Medical Director and a Medical Advisory Committee oversee medical standards and set protocols and procedures.

	ADJUSTED VOTE 1988/89		MAIN ESTIMATES 1989/90	
	SY	$	SY	$
Salaries				
Professional/Technical	7.00	287,500	6.00	252,800
Administrative Support	--	--	1.00	48,200
	7.00	287,500	7.00	301,000
Operating Expenditures				
- Transportation costs paid to Department of Highways & Transportation		1,449,000		1,836,600
- Sundry		258,100		394,900
	7.00	1,994,600	7.00	2,532,500
Grants		180,000		186,900
	7.00	2,174,600	7.00	2,719,400

APPROPRIATION NO. XXI-6
REFERENCE NO. 5
NORTHERN PATIENT TRANSPORTATION PROGRAM

OBJECTIVE:

To provide the most economical and appropriate transportation for Manitoba residents located in the North (north of 53rd parallel on west side of Lake Winnipeg and north of the 51st parallel on the east side) who require medical attention that cannot be provided in their own location.

ACTIVITY IDENTIFICATION:

This program is divided into two sections, emergency and elective. Emergency cases and Winnipeg region elective cases are funded directly by the Commission. Elective cases of the Northern Regions are funded through grants provided by the Commission to each of the four regions.

EXPECTED RESULTS:

This program was implemented so that northern residents would not be denied access to Medical Specialists or Tertiary Level Hospital Care which are not presently available in the North, and as a result, has been instrumental in improving the level of health care available to residents of the North. During the fiscal year 1988/89, 12,830 warrants were issued to cover emergency and elective cases requiring transportation. We are projecting that this volume will be maintained during 1989/90.

	ADJUSTED VOTE 1988/89		MAIN ESTIMATES 1989/90	
	SY	$	SY	$
Grants				
*Elective Program - Northern Regions		1,868,800		1,952,800
Operating Expenditures				
*Emergency Program		697,900		729,300
*Elective Program - Winnipeg Region		266,800		278,800
*Other Expenditures		21,600		22,600
		2,855,100		2,983,500

* Staff Years and Salaries are included in Administration.

APPROPRIATION NO. XXI-6
REFERENCE NO. 6
HOSPITAL PROGRAM

OBJECTIVES:

1. To establish equitable funding levels for all hospitals and community health centres in the province of Manitoba.

2. To ensure care standards are maintained.

3. To advise on construction projects.

ACTIVITY IDENTIFICATION:

To provide insured hospital and community health centre services for residents of Manitoba. This includes primary, secondary and tertiary services.

EXPECTED RESULTS:

The hospital program commenced in 1958. Presently there are 101 hospitals in Manitoba that receive payments from the Commission; 20 are federal hospitals of which 18 are nursing stations and 81 are public general hospitals. The expected results are to provide effective and efficient hospital insured benefits that will prevent financial hardship to Manitoba residents and assist in a general improvement to their health and well-being. The Commission is presently looking at alternate means of care for the treatment and prevention of disease which can replace the use of expensive acute care facilities, such as: development of ambulatory care, not-for-admission surgery, medical out-patient rehabilitation, development of community health centres, and outreach programs in renal dialysis and chemotherapy.

	ADJUSTED VOTE 1988/89		MAIN ESTIMATES 1989/90		
	SY	$	SY	$	
Provincial Laboratory and X-Ray Services:					
Salaries					
Managerial	10.00	642,700	10.00	701,700	
Professional/Technical	259.26	9,204,300	259.00	9,683,000	
Administrative Support	42.00	999,800	42.26	1,075,100	
	311.26	10,846,800	311.26	11,459,800	
Operating Expenditures		9,768,300		10,339,600	
		20,615,100		21,799,400	
*Grants		740,765,200		794,061,900	
Total Hospital Program	311.26	761,380,300	311.26	815,861,300	(1)

* Staff Years and Salaries re these programs are included in Administration.
Staff years of facilities are not included.

(1) The increase in 1989/90 over 1988/89 is mainly due to a general cost increase in salaries and supplies; other increases due to pay equity and long-term disability insurance, and new/renovated construction completed during 1988/89 and to be completed in 1989/90.

APPROPRIATION NO. XXI-6
REFERENCE NO. 7
PERSONAL CARE HOME PROGRAM

OBJECTIVES:

To provide personal care to persons residing in personal care homes which have been designated for this purpose by the Commission and to remove financial barriers which might deter residents from seeking admission to the program.

ACTIVITIES DESCRIPTION:

Personal Care is:

i) basic nursing care under the supervision of a registered nurse; or
ii) personal assistance with activities of daily living; or
iii) supervision of activities of daily living together with goods and services that are specified in the regulations including the following:
- meals, including special and therapeutic diets
- necessary nursing service
- routine medical and surgical supplies
- prescribed drugs, biologicals and related preparations approved by the Commission
- physiotherapy and occupational therapy in personal care homes approved by the Commission for such purposes
- routine laundry and linen services
- other goods and services approved by the Commission

Other activities included in this program are:

1. Community Therapy Services
2. Adult Day Care Program

EXPECTED RESULTS:

The program, which was initiated in 1973, has with few exceptions, met its intent of removing financial barriers to receiving care in a personal care home. All residents are required to pay a standard daily residential charge which is established after taking into consideration the lowest level of income available to the majority of residents plus sufficient disposable income to cover their personal needs. In order to assess the insured program provided in a personal care home, both a standards and a financial assessment of actual experience are conducted annually for all facilities . To determine the efficiency and effectiveness of a personal care home, actual services provided to residents are compared with guidelines, workload measurements and cost indicators which have been developed by Commission staff.

During 1989/90 we are projecting that the Commission will provide funds for 115 personal care homes which will accommodate 8,544 residents.

	ADJUSTED VOTE 1988/89		MAIN ESTIMATES 1989/90	
	SY	$	SY	$
*Grants		182,951,200		195,505,400 (1)

* Staff Years and Salaries re these programs are included in Administration. Staff years of facilities are not included.

(1) The increase in 1989/90 over 1988/89 is mainly due to a general cost increase, annualization costs of facilities opened during 1988/89 and new/renovated facilities opening in 1989/90. These increases are partially offset by an increase in the daily residential charges paid by the residents.

APPROPRIATION NO. XXI-6
REFERENCE NO. 8
MEDICAL PROGRAM

OBJECTIVE:

The objective of the Medical Program is to provide insured physician services in facilities, in the physician's office or in the patient's home. Also insured are certain services provided by optometrists, chiropractors and dental surgeons. These insured services are funded in total by the Commission. In addition, the Medical Program includes certain prosthetic and orthotic devices.

ACTIVITY IDENTIFICATION:

The following activities are included in the Medical Program:

1. Medical Practitioners - fee for service, salaries and sessional fees
2. Optometric - fee for service
3. Chiropractic - fee for service
4. Physician Incentive Program - the primary function is to assist rural areas in obtaining medical practitioners for the service of their areas.
5. Prosthetic and Orthotic Devices

EXPECTED RESULTS:

The medical insurance program commenced in 1969. The expected results are to provide effective and efficient health insured benefits that will avoid financial hardship to our residents and assist in a general improvement to their health well-being. During 1988/89 payments were made to 1,895 medical practitioners, 80 optometrists and 112 chiropractors who provide insured services to all Manitobans.

	ADJUSTED VOTE 1988/89		MAIN ESTIMATES 1989/90	
	SY	$	SY	$
*Grants:				
Fee for Service - Medical		238,803,700		245,335,700
- Chiropractic		9,098,000		9,461,600
- Optometric		5,932,300		6,037,300
Sessional Fees and Medical Salaries		2,603,000		2,728,000
Physician Incentive		290,600		703,700(1)
Prosthetic and Orthotic		3,692,400		3,974,400
		260,420,000		268,240,700

* Staff Years and Salaries are included in Administration.

(1) Includes provision of an additional $400,000 to meet the objectives of improving the recruitment and replacement of physicians to rural and remote Manitoba.

ADJUSTED VOTE 1988/89	APPROP. NO.	HEALTH XXI DETAILS OF APPROPRIATION	YEAR ENDING MAR.31,1990	RESOLUTION NO.
$ 41,775,400	7	Expenditures Related to Capital-Manitoba Health Services Commission. This appropriation includes payments associated with the acquisition/construction of physical assets where the payments are made directly by the Commission(sub-appropriation 7(a)). It also includes Capital Grants which are paid directly to health care facilities by the Commission. These payments cover such capital costs as Depreciation, Principal Repayment of Approved Capital Borrowing, Outright Equipment Purchases and funding of Reserves for Major Repairs (sub-appropriation 7(b)). The breakdown of these sub-appropriations are shown below.	$44,250,900	71

SUB-APPROP. NO.	ADJUSTED VOTE 1988/89		YEAR ENDING MAR. 31, 1990	REFERENCE NO.
7 (a)	$ 2,369,000	Acquisition/ Construction of Physical Assets	$ 2,419,000	1
7 (b)	39,406,400	Capital grants	41,831,900	2
	$41,775,400		$44,250,900	

SUB-APPROPRIATION NO. 7(a)
REFERENCE NO. 1
ACQUISITION/CONSTRUCTION OF PHYSICAL ASSETS

	ADJUSTED VOTE 1988/89		YEAR ENDING MARCH 31, 1990	
	SY	$	SY	$
Air Ambulance Program		1,069,000		1,119,000(1)
Hospital Program		1,300,000		1,300,000(2)
		2,369,000		2,419,000

(1) Represents the estimated payments to be made during 1989/90 on the lease re the air ambulance and equipment requirements.

(2) Represents the estimated cost of outright equipment purchases paid directly by M.H.S.C. on behalf of Provincial Laboratory and X-ray Services.

SUB-APPROPRIATION NO. 7(b)
REFERENCE NO. 2
CAPITAL GRANTS

	ADJUSTED VOTE 1988/89		YEAR ENDING MARCH 31, 1990		
	SY	$	SY	$	
Hospital Program		33,028,100		35,333,300	(1)
Personal Care Home Program		6,378,300		6,498,600	(2)
		39,406,400		41,831,900	

(1) Represents payments by the Commission to Hospitals for the repayment of principal on approved capital borrowing, depreciation, and outright equipment purchases. The increase over the previous year is related to new/renovated facilities completed during 1988/89 and to be completed during 1989/90 and to the purchase of computer equipment in accordance with the Strategic Investment Agreement (UNISYS).

(2) Represents payments by the Commission to Personal Care Homes for repayment of principal on approved capital borrowing, depreciation, and for the funding of reserves for major repairs. The increase over the previous year is related to new/renovated facilities completed during 1988/89 and to be completed during 1989/90.

PART 3

HISTORICAL INFORMATION

MANITOBA HEALTH SERVICES COMMISSION
FIVE YEAR EXPENDITURE SUMMARY BY PROGRAM
FOR YEARS ENDING MARCH 31, 1986 - MARCH 31, 1990

	ACTUAL EXPENDITURES						ADJUSTED VOTE		MAIN ESTIMATES	
Operating Expenditures Appropriation XXI-6	1985/86 SY	1985/86 $000	1986/87 SY	1986/87 $000	1987/88 SY	1987/88 $000	1988/89 SY	1988/89 $000	1989/90 SY	1989/90 $000
Administration	388.26	14,538.0	394.00	15,579.1	405.00	17,556.1	405.00	19,150.3	405.00	19,990.8
Pharmacare Program*		27,617.0		29,135.9		37,428.2		39,854.1		50,383.8
Ambulance Program*		2,045.0		2,136.8		2,309.6		2,356.5		5,416.4
Air Ambulance Program	8.00	1,085.7	8.00	1,275.5	7.00	1,701.1	7.00	2,174.6	7.00	2,719.4
Northern Patient Transportation Program*		2,728.0		2,554.4		2,773.0		2,855.1		2,983.5
Hospital Program* *	305.26	614,015.8	311.26	660,197.6	311.26	708,680.9	311.26	761,380.3	311.26	815,861.3
Personal Care Home Prog.*		148,763.6		152,309.4		164,060.8		182,951.2		195,505.4
Medical Program*		207,385.0		227,828.8		242,744.3		260,420.0		268,240.7
Gross Program Costs	702.00	1,018,178.1	713.26	1,091,017.5	723.26	1,177,254.0	723.26	1,271,142.1	723.26	1,361,101.3
Less: Recoveries		3,910.0		4,058.5		3,706.0		3,587.0		5,237.7
Net Program Costs	702.00	1,014,268.1	713.26	1,086,959.0	723.26	1,173,548.0	723.26	1,267,555.1	723.26	1,355,863.6

* Staff years and salaries relating to these programs are included in Administration.
** Staff Years shown relate to M.H.S.C. staff only. Staff employed by health care facilities funded by the M.H.S.C. are not included.

Expenditures Related to Capital

Appropriation XXI-7

(a) Acquisition/Construction of Physical Assets:								
- Air Ambulance Prog.		541.3		1,064.5		1,040.9	1,069.0	1,119.0
- Hospital Program		1,500.3		828.0		1,161.0	1,300.0	1,300.0
		2,041.6		1,892.5		2,201.9	2,369.0	2,419.0
(b) Capital Grants								
- Hospital Program		17,698.9		21,194.6		25,230.9	33,028.1	35,333.3
- Personal Care Home Program		3,218.4		3,577.8		5,031.8	6,378.3	6,498.6
		20,917.3		24,772.4		30,262.7	39,406.4	41,831.9
Total		22,958.9		26,664.9		32,464.6	41,775.4	44,250.9
Total Operating and Capital Expenditures		1,037,227.0		1,113,623.9		1,206,012.6	1,309,330.5	1,400,114.5